

ABSENCE APPROVAL REQUEST (Chronic Health Problems)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING FORM

PART A.

District/Charter Name: _____ School Name: _____

County-Type-District/CHARTER-School Number _____

PART B.

Number of pupils certified: as having chronic health problems ____; as being unable to attend school due to an accident ____.

PART C.

Number of State Aid Absences Due to:

	Illness Disease	Accident	Total Absences
Preschool Handicapped	_____	_____	_____
Kindergarten	_____	_____	_____
Grades 1-8	_____	_____	_____
Grades 9-12	_____	_____	_____

INSTRUCTIONS:

PART A. Enter your district/charter and school name, county-type-district-school number.

PART B. Enter the number of pupils certified as being unable to attend regular classes for one or more days due to chronic health problems or accident or prescribed by district policies in accordance with ARS § 15-346

PART C. Enter only the absences of the pupils which were caused by their certified condition, during the first 100 school days.

